



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|----------------------|------------------------|-----------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/978,243 | |
| | Filing Date | October 15, 2001 | |
| | First Named Inventor | DIAZ, Juan-Carlos | |
| | Art Unit | 3731 | |
| | Examiner Name | THALER, Michael | |
| Total Number of Pages in This Submission | 20 | Attorney Docket Number | PA842 CIP |

| ENCLOSURES (Check all that apply) | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard |
| <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|--------------------------|----------|--------|
| Firm Name | Medtronic Vascular, Inc. | | |
| Signature | | | |
| Printed name | JANIS J. BIKSA | | |
| Date | APRIL 14, 2005 | Reg. No. | 33,648 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|-----------------|------|----------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature | | | |
| Typed or printed name | Kimberly Melvin | Date | April 14, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Pursuant to the Consolidated Appropriate Act, 2005 (H.R. 4818)

FEE TRANSMITTAL
For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT**(\$)** 250.00**Complete if Known**

| | |
|------------------------|--------------------|
| Application Number | 09/978,243 |
| Filing Date | October 15, 2001 |
| First Named Inventor | DIAZ, Juan-Carlos |
| Art Unit | 3731 |
| Examiner Name | THALER, Michael H. |
| Attorney Docket Number | PA842 CIP |

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: **01-2525** Deposit Account Name: **Medtronic Vascular, Inc.**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING Fee (\$) | FEES Small Entity Fee (\$) | SEARCH Fee (\$) | FEES Small Entity Fee (\$) | EXAM. Fee (\$) | FEES Small Entity Fee (\$) | Fees Paid (4) |
|------------------|-----------------|----------------------------|-----------------|----------------------------|----------------|----------------------------|---------------|
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | \$ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | \$ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | \$ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | \$ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | \$ |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims 49 - 48 or HP = 1 x **Extra Claims Fee (\$)** \$50.00 = **Fee Paid (\$)** \$50.00

HP = highest number of total claims paid for, if greater than 20

Multiple Dependent Claims

| Fee (\$) | Fee Paid (\$) |
|----------|---------------|
| \$ | \$ |

Indep. Claims 8 - 7 or HP = 1 x **Extra Claims Fee (\$)** \$200.00 = **Fee Paid (\$)** \$200.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = **Extra Sheets** / 50 = **Number of each additional 50 or fraction thereof** (round up to a whole number) x **Fee (\$)** = **Fee Paid (\$)**

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

\$

Other:

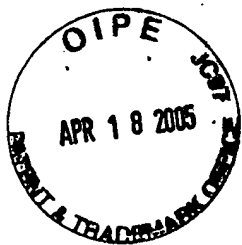
\$

SUBMITTED BY

| | | | | | |
|-------------------|--------------------|-----------------------------------|----------------|-----------|--------------|
| Signature | <i>Janis Biksa</i> | Registration No. (Attorney/Agent) | 33,648 | Telephone | 707.566.1888 |
| Name (Print/Type) | Janis J. Biksa | Date | April 14, 2005 | | |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (any by the USPTO to process an application). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Express Abandonment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 send select option 2.



CERTIFICATE OF MAILING (37 C.F.R. § 1.8a)
I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail in the envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 14, 2005.

By: Kimberly Melvin

3731
2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 09/978,243 Confirmation No.: 4113
Applicant : Diaz, Juan-Carlos
Filed : October 15, 2001
TC/A.U. : 3731
Examiner : Michael H. Thaler

Docket No. : PA842 CIP
Customer No. : 28390
Title : Stent Delivery System With Hydraulic Deployment

Mail Stop
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

This Amendment is being submitted in response to the Office Action mailed January 14, 2005. This Amendment is being submitted within 3 months of the mailing date of the Office Action. Favorable consideration and allowance are respectfully requested.

Amendments to the Specification are reflected in the amended specification paragraph on page two (2) of this paper.

Amendments to the Claims are reflected in the listing of claims which begin on page three (3) of this paper.

Remarks/Arguments begin on page sixteen (16) of this paper.

04/19/2005 HMARZI1 00000006 012525 09978243

01 FC:1201 200.00 DA
02 FC:1202 50.00 DA